

P110000064204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

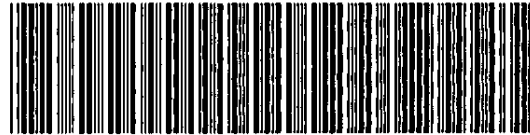
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 18 2011

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **CREATIVE GREENS, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Michael Jones

Name (Printed or typed)

P.O. Box 180295

Address

Casselberry, FL 32718-0295

City, State & Zip

321-229-2753

Daytime Telephone number

whood381@cfl.rr.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Creative Greens Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
691 Jasmine Road
Casselberry, FL 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Landscaping service and any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Jones President / Director
Address: 691 Jasmine Road
Casselberry, FL 32707

Name and Title: _____
Address: _____

Name and Title: Liberty Jones Sec / Treasurer / Dir
Address: 691 Jasmine Road
Casselberry, FL 32707

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Michael Jones
Address: 691 Jasmine Road
Casselberry, FL 32707

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Michael Jones
Address: 691 Jasmine Road
Casselberry, FL 32707

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

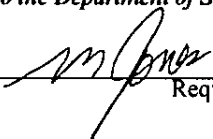


Required Signature/Registered Agent



Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator



Date

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TALLAHASSEE, FLORIDA